

THE COMMONWEALTH OF MASSACHUSETTS Department of Labor & Workforce Development Division of Occupational Safety 399 Washington Street, 5th Floor Boston, MA 02108

(617)727-7047 (800) 425-0004 (MA Only)

Fax (617)727-7568

Homepage: www.state.ma.us/dos

APPLICATION FOR CERTIFICATION AS AN **ASBESTOS INSPECTOR**

(In accordance with the provisions of M.G.L. c. 149, § 6-6F and 453 CMR 6.07)

☐ Initial Application Certification #		FOR DOS USE ONLY Renewal Application Issue Date	☐ Duplicate Application Reviewer
	Please complete each section below	by printing or typing the information, attaching all required	documentation, and signing the application.
1.	APPLICANT INFORMATION		
	Name	Social Security #	Date of Birth
	Residence (Street)		_Tel # ()
	City/Town	State	Zip
	Mailing Address (if different from	n above)	
	City/Town	State	Zip
2.	EMPLOYMENT EXPERIENCE	CE	
		nths experience in an occupation comparable to that of a certified Asbestos Inspector or Management Planner, as ume, if necessary.	-
	Name and address of employer _		Tel # ()
	Duties and Responsibilities:		
	Dates employed: From	to	
	Supervisor's name and position/t	itle	

Asbestos Inspector Application

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		e the name(s), Massachusetts certification number(s), and the expiration date(s) of the individual(s).		
3.	ATTA	ACHMENTS TO BE SUBMITTED WITH THE APPLICATION:		
	a.	Original Asbestos training certificates, and legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(d), and/or 453 CMR 6.10(5). Original training certificates will be returned after review of the application.		
	b.	A high school diploma or it's equivalent.		
	c.	c. Document a minimum of six months experience in an occupation comparable to that of asbestos inspection; or two months fie experience under the direct supervision of a certified Asbestos Inspector or Management Planner, as prescribed in 453 CMR 6.07(2)(a)1.		
	d.	A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.		
	e.	A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00. A person applying for certification as an Asbestos Inspector and as an Asbestos Management Planner at the same time need pay only one \$625.00 fee. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.		
4.	PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE			
Regula	tions for	, do hereby state, under the pains and penalties of perjury, that I have paid all tax (PRINT NAME) ent and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of Massachusetts The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any		
supple	ments atta	ached hereto, is true and correct to the best of my knowledge and belief.		
SIGNA	ATURE_	DATE 07/2003		
APPL	ICANTS	FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:		
MONI TUESI		399 Washington Street, 5 th Floor, Boston, MA 02108 (617)727-7047/1933 165 Liberty Street, Springfield, MA 01102 (413)781-2676		

4 Summer Street, Room 212, Haverhill, MA 01830 (978)372-9797 WEDNESDAY

THURSDAY 1213 Purchase Street, 2nd Floor, New Bedford, MA 02740 (508)984-7718

FRIDAY BY APPOINTMENT ONLY 1001 Watertown Street, 2nd Floor, W. Newton, MA 02465-2148 (617) 969-7177

WEDNESDAY BY APPOINTMENT ONLY 167 Lyman Street, Westboro, MA 01581 (508)792-7225